

# Experiences during COVID-19 pandemic and the November lockdown

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## Contents

Who we are and what we do .....	2
Summary .....	3
1. Why we looked at this .....	5
2. How we did this.....	6
2.1. Experiences during lockdown survey .....	6
2.2. Feedback from professionals' interviews .....	6
2.3. Feedback from care homes surveys.....	7
2.4. Feedback on mental health services survey .....	7
3. Experiences during lockdown.....	8
3.1. Who we received feedback from.....	8
3.2. Support during the first lockdown .....	9
3.3. Support during the second lockdown .....	10
3.4. Information about lockdown.....	12
4. Feedback from professionals .....	13
4.1. New ways of working .....	13
4.2. Digital and remote services.....	14
4.3. Human connection .....	15
5. Feedback from care homes .....	18
5.1. Impact / changes.....	18
5.2. Messaging.....	18
5.3. Resilience / recovery .....	19
6. Feedback on mental health services .....	20
7. Appendix.....	21
7.1. Experiences during lockdown survey questions .....	21



## Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



## Summary

The report combines feedback we have received about experiences during the COVID-19 (coronavirus) outbreak during Autumn 2020: experiences during lockdown, feedback from professionals, experiences of care home residents, and experiences of mental health services. The bullet points below summarise the main findings which can be found on the referenced pages.

### Experiences during lockdown (page 8)

- We received completed survey responses from 40 people. Two of these responses were from carers on behalf of the person they care for.
- We asked respondents who had not used any services or additional support during the **first** lockdown to explain why they had not, the most common response was that they did not need additional support with 22 respondents (76%). Five respondents (17%) told us that they did not know that support was available, and two respondents (7%) told us that they were unable to get the additional support they needed.
- When asked what kind of additional support they think they might need during the **second** lockdown 21 respondents gave an answer. The most common kind of support needed was mental health support with 13 respondents (62%).
- When asked how confident they felt about accessing support for services mentioned the response was split, 10 respondents (31%) told us that they felt confident accessing support while 13 (41%) told us they did not feel confident.
- Concerns around accessing support included feeling like they were “*just left to it*” and wanting to see a health professional face to face, feeling that services were prioritising COVID patients and offering limited services.

### Feedback from professionals (page 13)

- We had conversations with eight professionals who work in a variety of health or social care settings, including within the community, in hospitals, and for the Wellbeing mental health service.
- There were three main themes which emerged from these interviews:
  - The impact of COVID on new ways of working including the opportunity for more creativity and that initiatives could be pushed through quicker.
  - Discussions around digital services and remote consultations included positives, such as being able to see more people in a day. On the other hand, interviewees also acknowledged that a reliance on digital



services had resulted in service users such as the elderly being excluded.

- Professionals also told us about the impact of COVID on human connections and how they had found it difficult not seeing both service users and colleagues face-to-face.

### Feedback from care homes (page 18)

- We received information about 41 different care homes in Norfolk. Thirteen of these responses came directly from care homes participating in the resident and staff survey, with friends/ relatives of those in care referencing a further 28 homes. Surveys asked questions relating to three main themes: impact/changes, messaging, and resilience/recovery.
- Positive and negative changes were recognised as a result of COVID-19. Positives included better infection control and greater bond among staff. Negatives included decline in resident mental health, reduced or removed visiting opportunities, and difficulty accessing healthcare or health visits.
- Communicating with residents whilst wearing PPE was challenging for both staff and friends/relatives when they could visit.
- Sharing information about COVID-19 with residents in a user-friendly way was a difficulty.
- Friends/relatives' experiences of being kept in the loop by their loved one's care home varied hugely and was not consistent across all providers.
- Whilst the majority of residents said that care home staff helped them feel safe, friends/relatives' opinions were mixed as to whether they would have confidence in their loved one's care home during any future peaks in cases of the virus.

### Feedback on mental health services (page 20)

- Respondents were asked whether they had received care or treatment from NSFT during the COVID-19 pandemic, 18 respondents told us that they had. Changes to services included services ceasing to exist or moving online or via the phone. Those who had received face to face care told us they felt the risks had been well managed



## 1. Why we looked at this

Between April and July 2020 we conducted a survey to gather residents' experiences of accessing information and support during the COVID-19 outbreak in the UK. The aim of the survey was to gather constructive information from service users that might provide real-time insight into community need, experience, and awareness of available support. We produced four interim reports based on our findings, a final report based on all findings, and a report based on carer experiences during lockdown. The reports can be found on our website ([www.healthwatchnorfolk.co.uk/reports](http://www.healthwatchnorfolk.co.uk/reports)).

In Autumn 2020 we carried out further projects exploring experiences during COVID-19. The following report incorporates feedback from four projects:

1. Experiences during lockdown
2. Feedback from professionals
3. Feedback from care homes
4. Feedback on mental health services

This report will be shared with partners from NHS trusts, Norfolk County Council, and clinical commissioners, as well as being available on our website. It is hoped that this report will highlight what has worked well and not so well for patients during the COVID-19 outbreak. We also hope it will allow health and social care providers and commissioners to plan future provisions based on patients' experiences.



## 2. How we did this

### 2.1. Experiences during lockdown survey

We created a survey to find out Norfolk residents' experiences during the November COVID lockdown, the survey questions can be found in Appendix 7.1. The survey consisted of four sections:

1. Support during the first lockdown
2. Support during the second lockdown
3. Information about lockdown
4. About you

As well as being hosted online, the survey was available in both paper and easy-read formats as required. Although the different options were available it should be noted that all responses were received through the online survey, suggesting that we were unlikely to have reached those who are less digitally confident.

We distributed the survey to our members and on our social media. It was also shared with health and social care providers, voluntary sector organisations, and community groups for dissemination to their members.

The findings are grouped by section of the survey and include numerical results as well as comments from respondents. Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with “[sic.]”. Percentages in results are based on the number of respondents who answered each question and does not include those who skipped the question or who selected ‘not applicable’.

### 2.2. Feedback from professionals' interviews

We had conversations with eight professionals who work in a variety of health or social care settings, including within the community, in hospitals, and for the Wellbeing mental health service. We wanted to hear their perspective on how COVID-19 has impacted on being able to support local residents.

The conversations took place either by phone or video call. Whilst professionals could take the lead on what they wanted to discuss, three questions were posed to them in advance of the call:

1. What are the main ways your role and your ability to support patients/service users has changed (both negatively and positively) during the pandemic?



2. What do you think the biggest challenges have been for patients/residents?
3. Any other feedback you have on your experiences during the pandemic.

The interviews were analysed using a thematic approach however, conversations were not transcribed word-for-word. Instead, the key points raised were taken down as a summary. As such, direct quotes are not used in the analysis.

### **2.3. Feedback from care homes surveys**

Norfolk County Council commissioned Healthwatch Norfolk to look into the experiences of those living and working in care homes. Three separate surveys were created, for:

1. Care home residents (easy-read paper surveys sent out to all participating care homes)
2. Care home staff (paper surveys sent out to all participating care homes)
3. Friends/relatives of care home residents (available online)

In this report a summary of the findings is included, the full report will be available on our website ([www.healthwatchnorfolk.co.uk/reports](http://www.healthwatchnorfolk.co.uk/reports)) from January 2021.

### **2.4. Feedback on mental health services survey**

In November 2020 we collaborated with the Care Quality Commission (CQC) and ran a survey asking for patient and service user feedback on Norfolk and Suffolk Foundation Trust (NSFT) services. Within this survey, respondents were asked whether they had received care or treatment from NSFT during the COVID-19 pandemic, 18 respondents told us that they had, the following report summarises their experiences. The full report will be available on our website ([www.healthwatchnorfolk.co.uk/reports](http://www.healthwatchnorfolk.co.uk/reports)) from February 2021.





### 3. Experiences during lockdown

#### 3.1. Who we received feedback from

We received completed survey responses from 40 people which make up the following analysis.

Twelve respondents (30%) told us that they care for someone in their immediate family, a relative, friend, or neighbour; two respondents answered the survey on behalf of the person they care for. When asked if they or the person they care for has a disability 13 respondents (36%) responded 'yes'. We received feedback from people in different age groups as displayed in Figure 1 below, the most common age group we received feedback from were those aged 46 to 55 with 10 (28%) respondents.

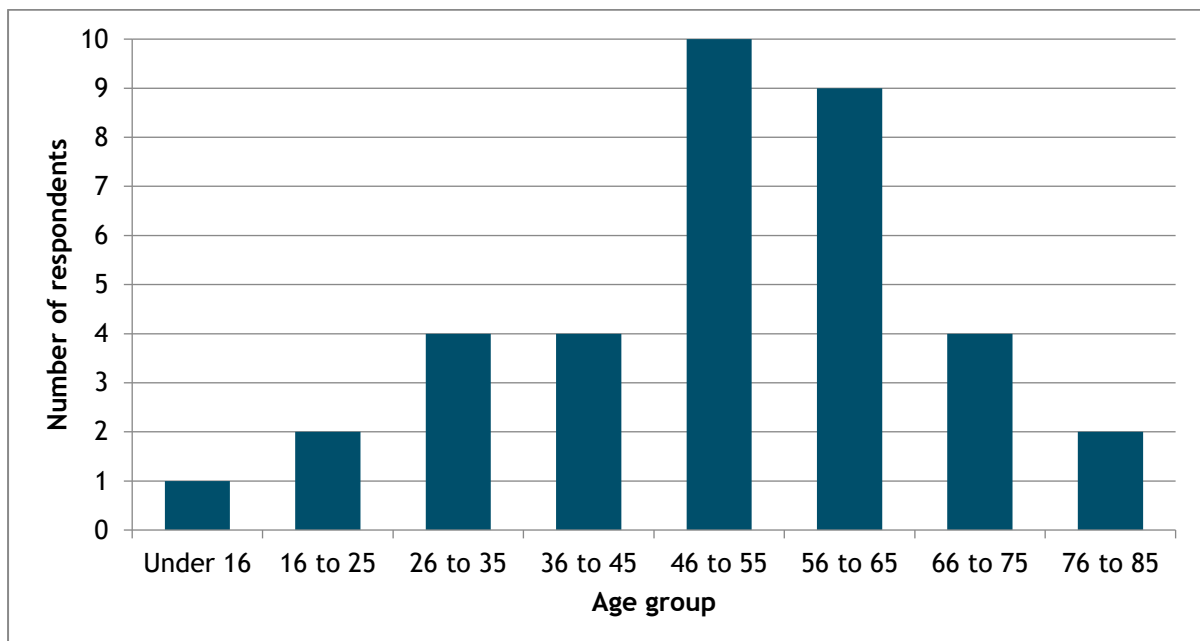


Figure 1. A chart displaying the age of respondents or the person they care for. No respondents told us they or the person they care for was over 85.

We also received feedback from people across Norfolk as displayed in Figure 2 overleaf. The most common area of Norfolk we received feedback from was Great Yarmouth and Waveney Borough Council with 15 respondents (43%). It is unclear why a large proportion of responses were received from this area, it is worth noting that experiences will therefore be more weighted towards those in Great Yarmouth and Waveney Borough.

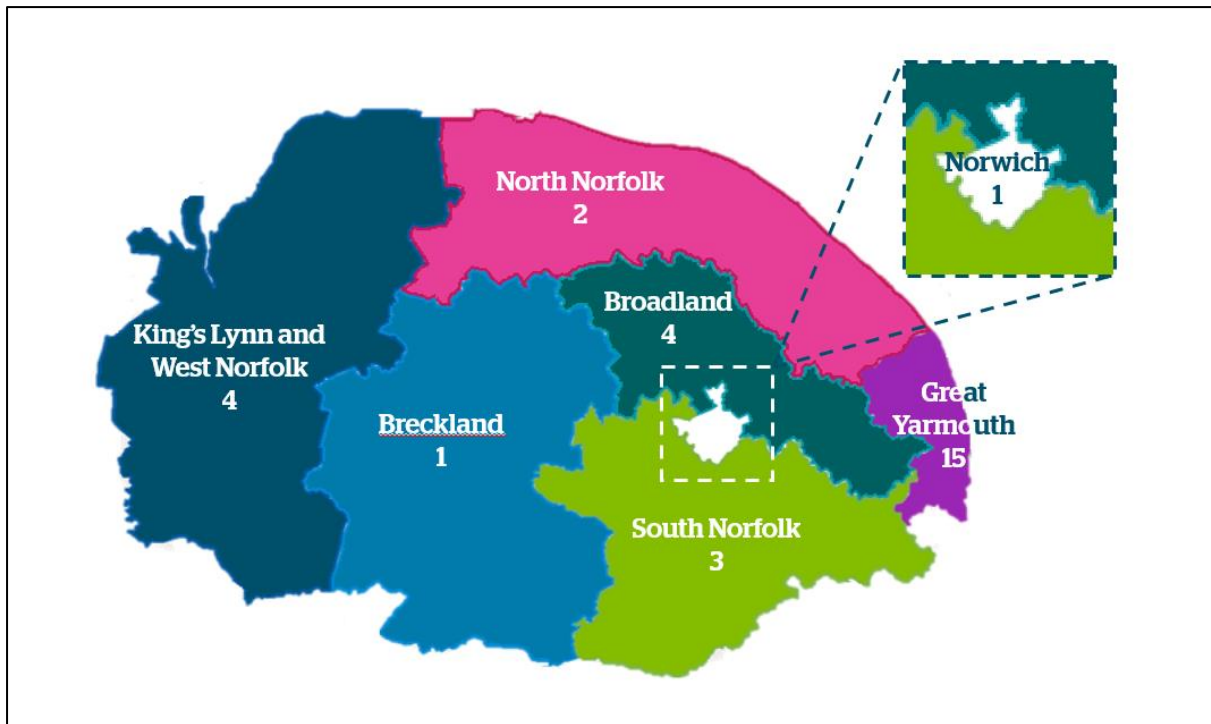


Figure 2. A map of Norfolk displaying who we received feedback from based on their district council. Three respondents selected 'I don't know', two respondents told us they would rather not say, six respondents skipped this question.

### 3.2. Support during the first lockdown

Only 10 respondents (26%) to our survey were asked to shield during the first lockdown. When respondents were asked if they used any health and social care services or received any additional support during the first lockdown 10 (27%) respondents told us that they had.

The most common support they reported receiving was *“food parcels from government”*. Other support included *“prescription delivery, early help hub”, “home alarm from gy council”, “GP service 999 call out”*. Experiences with support were mixed, one respondent from Great Yarmouth Borough Council area told us that they received *“food after council staff noticed I was struggling. Was same day. Also had some telephone support”* while another respondent from the same area told us they *“have asked for support locally and they constantly refused to help me. I even had some care removed by social services because I asked for support”*.

Health service comments included one person telling us that they had *“spoke to my gp on phone and she referred me to the hospital so I was on the list whilst in lockdown. Hospital phones me to ask preliminary questions to hopefully speed things up when lockdown ended”*. Another respondent told us that they had visited Cromer Hospital for an X-Ray and they felt it was *“Pretty poor no fracture*



reported but no advice or care of tendon and ligament damage. No advise [sic.] on analgesia or exercise”.

We asked respondents who had not used any services or additional support during the first lockdown to explain why they had not, the most common response was that they did not need additional support with 22 respondents (76%). However, five respondents (17%) told us that they did not know that support was available, and two respondents (7%) told us that they were unable to get the additional support they needed.

### 3.3. Support during the second lockdown

Fourteen respondents (38%) told us that they or the person they care for would need additional support for health and social care needs during the second lockdown, a further two respondents (5%) told us that they ‘don’t know’ if they would need additional support.

When asked what kind of additional support they think they might need 21 respondents gave an answer. The most common kind of support needed was mental health support with 13 respondents (62%), *Table 1* below displays the different support respondents thought they might need.

Table 1

A table displaying the types of support respondents told us they might need in the second lockdown.

	Number of respondents	Percentage of respondents
Mental health support	13	62%
Help managing a long-term medical condition	5	24%
Picking up prescriptions	5	24%
Support with food shopping	3	14%
Other practical support such as bin collections, pet walking	2	10%



Support to care for a dependent person or loved one	2	10%
Benefits or financial advice	1	5%
Help at home or domiciliary care	1	5%
Housing and homelessness advice	1	5%
Other	2	10%

Note: Other responses included: “ear infection third attempt today to speak with someone from our surgery” and “priority food slots”. No respondents selected ‘home adaptations’ or ‘befriending services or someone to talk to’.

When asked how confident they felt about accessing support for services they have mentioned the response was split, 10 respondents (31%) told us that they felt confident accessing support while 13 (41%) told us they did not feel confident.

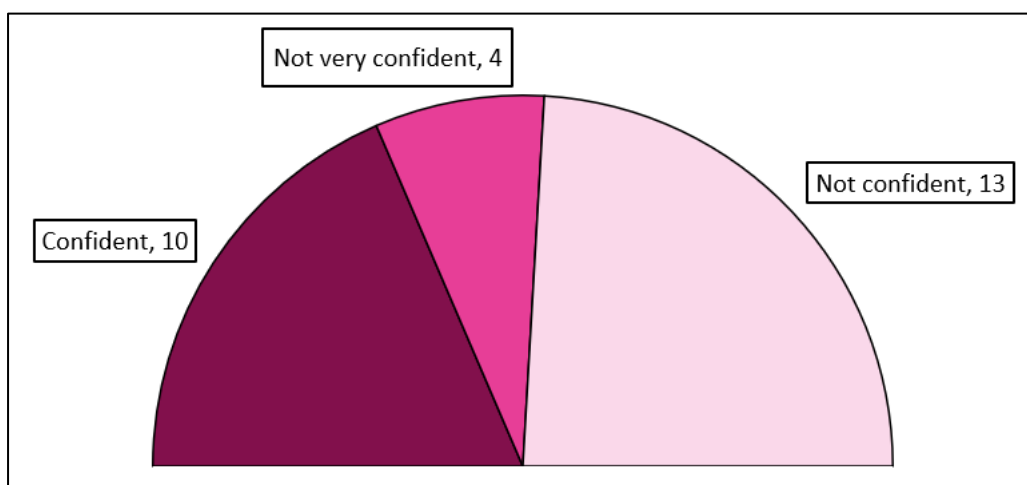


Figure 3. A chart displaying responses to the question “how confident do you feel about accessing support for services you have mentioned?”. In addition to this, five respondents told us that they ‘don’t know’

We then asked respondents whether they had any concerns about getting support from health and social care services as we go into a second lockdown. The answers to this question were split with 16 (46%) answering ‘yes’, and 16 (46%) answering ‘no’; three respondents (9%) answered ‘I don’t know’. Twelve respondents shared with us what their concerns around accessing support were. Concerns were mentioned about a range of health and social care services. These included a



feeling that services “will be too busy with COVID patients”, “no dentist's taking on the patients”, “long waiting list” for mental health support, feeling like they are “very much just left to it” due to “limited health visitor clinics for baby weigh ins and check ups”, similarly that “the GP surgery is CLOSED”, and “I cannot understand why I cannot see a doctor, why is it always phone calls”.

When asked who they thought could help with their concerns the most common answers were “GP surgery” and “local council”. It is worth noting that both carers who answered our survey told us that they felt “not sure anyone cares just left to suffer” and “no one and I answer this from experience”.

### 3.4. Information about lockdown

We asked respondents to share with us how clear they felt the communication around the November lockdown was, answers to this were split and are displayed in Figure 4, the most common response was ‘neither clear nor unclear’ with 15 respondents (68%).

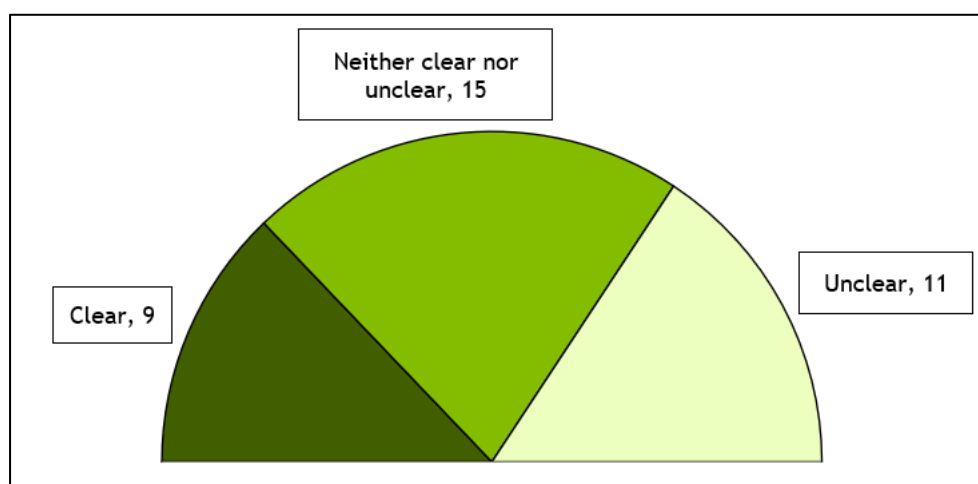


Figure 4. A chart displaying responses to the question “how clear do you feel the communication around the latest lockdown has been?”, one respondent answered ‘don’t know’.

Respondents told us what extra information they think needs to be communicated to the public. Messages emerging from these comments included “stay at home”, “less confusing messages”, and “there was a letter last time with help numbers. There hasn’t been one this time”, and finally “what is the point in giving information if no support is available. Will this survey actually help anyone? All I hear is about all the support being given but where is it?”.



## 4. Feedback from professionals

We conducted interviews with eight different professionals who work in a variety of health or social care settings, including within the community, in hospitals, and for the Wellbeing mental health service. Please note that conversations were not transcribed word-for-word. Instead, the key points raised were taken down as a summary. As such, direct quotes are not used in the analysis.

The main themes within these interviews were the impact of COVID on new ways of working, digital and remote services, and the impact of COVID on human connection.

### 4.1. New ways of working

#### Patients and service users

Professionals told us about how the COVID pandemic had influenced new ways of working and how it had allowed them to be more creative in their approaches and opened up opportunities for how they will work in the future. This was highlighted by a professional from the Wellbeing service who noted that they are doing more now than they used to, and there are three different options of support available for the future: face to face, phone, and video support.

Changes included more use of digital services and platforms which will be discussed later, however professionals shared how some of these initiatives were introduced quicker than they usually would be. Examples shared by an interviewee in an acute setting were iPads on the ward, letters to loved ones, and an email service for families away or overseas.

Another change was shared by a professional working in an acute setting. They told us that patients are self-managing their health more instead of relying on them so much. They explained how they have been working on patient self-management and patient empowerment. This was reflected in the interview with a professional from Primary Care who commented that the public have changed their behaviour; and that they now think more about what they do before going to GP services, such as gaining confidence in the 111 service.

On the other hand, not all changes to services were positive. Professionals discussed how services had stopped completely or had to close their doors to the public. The community work professional discussed how they had been furloughed and the impact this had had on them, their team, and their members. They shared that they found it hard to stop working and not have any contact with their members, and that this was also hard for service users to understand because they no longer had anyone to contact. They also told us that they had seen a large reduction in the number of attendees at their centre because of the measures introduced to keep everyone safe, for example wearing masks. They added that



service users may have found this difficult because it was more on the organisation's terms than their own.

## Professionals

Alongside the impact of the new ways of working on patients, professionals discussed the impact on themselves and their colleagues. A non-clinical manager at the Clinical Commissioning Group suggested that due to the increase in remote working, this has increased the scope to work more geographically flexibly. This could create a more culturally diverse system to be working in. Alongside this, they told us that they have been able to attend more webinars and training virtually which has allowed them to increase their knowledge.

This professional also shared that it has made them realise that they would like to work from home since it has resulted in their work life balance being better and allowed them to change their personal priorities. They told us they have been able to start a fitness program and so are eating healthier and exercising since they have the time and the headspace to do so. This experience was reflected in the interview with a professional from an acute hospital who told us that staff being able to do remote working has been positive especially for staff wellbeing. They shared examples of better capacity at the carparks, feeling under less stress, and being able to connect digitally at short notice. However, it should be noted that this was not a unanimous feeling and a professional from the Wellbeing Service shared that working from home can be lonely and that they miss the office and the social side of their job, sharing that they need to connect to people. The impact of COVID on human connection and emotional impact is discussed later.

### 4.2. Digital and remote services

Most professionals mentioned the role of digital or remote services during the COVID-19 pandemic, this included service users and members of staff using more digital platforms. They discussed both the benefits of the services and that there were difficulties for some members of the public to access digital services.

#### Digital exclusion

Professionals told us that there were challenges when it comes to digital access; commenting that a lot of service users are elderly and can struggle with using technology. This can make it difficult for services to support their most vulnerable patients or service users. A Wellbeing Service professional shared that older service users tend to be afraid of technology when they offer a video chat or a phone call. They told us that staff may then work with the service user to improve their confidence but will not force them to as it could make them more anxious.



Access to digital services also includes those who do not own the technology at all or are living remotely so lack good internet access. Consequently, a patient experience team member at an acute hospital told us that even with new virtual methods in place, there will be huge groups of people they cannot reach. Another professional from an acute service suggested that there could be a technology loaning service to help reach more patients and service users and to help people feel less isolated.

### Benefits of digital services

We also heard from professionals that there were several benefits to using more digital services. We were told that this meant they could speak with, support, and help more service users. A Wellbeing service professional shared that before the pandemic they might only see three clients in a day, but can now see five clients; commenting that they feel that this is more productive. A professional told us that these virtual appointments were not only well-received by clinicians but also patients, sharing that feedback is generally positive; remote consultations stop people having to travel to hospital and park, but also during COVID it helps people feel they do not need to take the risk in visiting the hospital.

Other ways that professionals shared they are using technology in positive ways were:

- Chaplaincy at an acute hospital where normally they have a range of services (both faith and non) have now started up virtual service. For example, if someone has been discharged they can still speak to chaplaincy, or carers and relatives can access virtual chats.
- Using Microsoft Teams for a patient panel at an acute hospital. They told us they used email and phone to stay in contact with members initially and then moved to virtual meetings and even continued to recruit members to the panel.
- A 'best wishes' service at an acute hospital was better promoted to get messages to people on wards, resulting in them receiving one or two a month to dozens weekly.
- To bridge visiting restrictions gap at an acute hospital, they provided a virtual visiting service where each ward has an iPad, so inpatients can have conversations with family that are as face-to-face as possible.

### 4.3. Human connection

While we heard from professionals about how they had new ways of working and were able to use digital services in positive ways, we also heard from all





professionals about the ways they had struggled with a lack of face-to-face interaction, human connection, and being able to network with other professionals effectively.

Professionals shared with us the different ways that a lack of face-to-face interaction had a negative impact on themselves and their patients or service users:

- For staff dealing with complaints, complainants are not able to meet with the clinician for a discussion which would be part of the normal complaints procedure. This often would resolve concerns; people do not want to do this virtually.
- For inpatient care it was commented that it was harder for human connection and reassurance due to patients not being able to see staff behind all the PPE.
- The Wellbeing Service professional shared that a lot of their work was based around supporting clients in person. For example, it is difficult to support a client with social anxiety over the phone, and not the same as going to a shop or a café with them to support them.
- A member of the patient experience team at a hospital told us that they are a relatively new team and wanted to build relationships with key members of the community but have been unable to do this face-to-face. They told us they had no major social media reach set up due to being new, so had to start engaging virtually from nothing.
- One professional shared that a lot of patients that are elderly and alone would normally attend a support group, but they have not got that contact with their peers at the moment.

Alongside this, we heard from professionals that friends and family not being able to visit inpatients was a challenge for many people. One professional from an acute hospital shared that the visitor helpline was so busy with 1,200 to 1,400 calls a week. A member of a patient experience team at an acute hospital shared that this impact was particularly highlighted within maternity, which was worsened by different local hospitals having different guidance. They told us how they worked with local Maternity Voices Partnerships to get information out as clearly as possible. They also had feedback from new parents saying that Neonatal Intensive Care Unit (NICU) parents should not be classed as visitors and should have more freedom to spend time in NICU, and the guidance was changed as a result.

## Emotional impact



Finally, professionals mentioned the emotional impact which COVID and the lockdowns had on staff and service users. For example, the Wellbeing professional told us that people are more stressed, which has made their job more difficult and more tiring. They shared how they are working with people who have anxiety, depression, trauma, plus additional anxiety from coronavirus. This was reflected in a comment from a professional at an acute hospital sharing that it is difficult and stressful for everybody concerned. They shared that there is emotional labour and emotional toil on everybody who has been working through the pandemic, that people are really tired and the public are really tired.



## 5. Feedback from care homes

In Autumn 2020 we were commissioned by Norfolk County Council (NCC) to find out experiences of people living in care homes during COVID-19.

We received information about 41 different care homes in Norfolk. Thirteen of these responses came directly from care homes participating in the resident and staff survey, with friends/ relatives of those in care referencing a further 28 homes. Surveys asked questions relating to three main themes: impact/changes, messaging, and resilience/recovery. We heard from a total of 152 people about their experiences. Of these responses, 94 were residents, 29 were staff, and 35 were relatives or friends

The results of all three surveys indicate varying experiences of care home residents, staff, and friends or family. The sections below summarise the key findings.

### 5.1. Impact / changes

- Most residents noticed changes within their care home, but less than half said that these changes had affected their daily routine.
- A slight majority of residents said they liked the changes. However, staff and friends/family both recognised more challenges than positives in terms of changes.
- Both staff and friends/family said that residents' mental health has been significantly affected, particularly due to restricted visits.
- Whilst using PPE was recognised by residents as a change, and by staff and friends/family as a positive due to enabling better infection control, many staff struggle wearing it all day and find it more challenging to communicate with residents.
- Some staff feel that changes made as a result of COVID-19 have created a greater team bond.
- Some staff noted difficulty arranging care for residents from healthcare professionals such as psychiatrists, GPs, care coordinators and dentists because of delays caused by COVID-19.

### 5.2. Messaging

- Residents are most likely to have been told about changes via their care home rather than through friends or family, or a leaflet. Some residents highlighted that care home managers were more likely to keep them informed than care-giving staff.



- Whilst staff generally feel well-informed about the changes in their place of work, sharing this information to residents in a user-friendly format is difficult especially for those with dementia.
- Friends/family had very varied experiences of being kept informed by their loved one's care home, ranging from regular updates to feeling very out of the loop.

### 5.3. Resilience / recovery

- The majority of residents said that the staff had helped to make them feel safe.
- Even though the normal programmes of entertainment have stopped, most staff stated that they are trying to help residents cope with the changes through organising their own internal activities.
- Friends/family shared mixed opinions about whether they have confidence in their loved one's care home in the event of a second wave



## 6. Feedback on mental health services

Eighteen respondents to our survey on Norfolk and Suffolk Foundation Trust services told us they had used services during the COVID-19 pandemic.

Respondents who were in a high risk group for COVID-19 were asked if their additional physical health needs had been considered when planning and providing their care and treatment. Three respondents told us that they felt their needs had been considered while six told us that they felt their needs had not been considered.

Seventeen people left comments about how risks were managed during the COVID-19 pandemic. Comments included how the service had changed: that they had *“recovery college session via Zoom”*, *“received two phone calls”*, that there was *“lack of face to face unless crisis”*, or that they felt *“services simply disappeared”*. One respondent told us that they were not *“allowed to visit mum apart from to drop stuff off, COVID seemed to be taken seriously as far as I could see”*.

Respondents who had received face to face treatment told us the experience was *“well managed. Care co [sic.] visited at a safe distance in PPE. Been for walks too which was helpful in getting me out when low”*. Another shared their experience below.

Feel that the risks of covid have been well managed in relation to my mental health. Phone calls when I am doing ok and visits when I am in crisis. Staff seem to appreciate that I am often at much more risk from my mental health than covid and wear appropriate PPE when doing face to face visits.

Finally, a service user of adult community services told us that *“it’s been very very hard to have all treatment remotely but I understand why its necessary and the Trust have always done all they could”*.



## 7. Appendix

### 7.1. Experiences during lockdown survey questions

#### About this survey

Healthwatch Norfolk is the independent voice for patients and service users in the county. We collect your views of health and social care services to make sure they are heard by the people in charge.

We have been working with Norfolk health and social care organisations to look into residents' experiences of getting information and support during the COVID-19 (coronavirus) outbreak in the UK, since early March 2020. We are now interested in gathering people's experiences as we move into a second national lockdown.

The survey should take around 10 minutes to complete. All responses are anonymous and will be used to make recommendations to health and social care providers about community need during these times. The reports will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

You can read our full privacy policy [here](#).

Please tick to confirm: \*

I have read and understood the statement above

Do you care for anyone in your immediate family, a relative, friend or neighbour?

Yes

No

Don't know

Are you answering this questionnaire on behalf of yourself or someone you care for? \*

Myself

Someone I care for

#### Support during the first lockdown

Were you asked to shield during the first lockdown?

Yes



No

Don't know

Did you use any health and social care services, or receive any additional support (e.g. food parcels, prescription delivery) during the last lockdown period?

Yes

No

Don't know

If yes, what services did you use and how was your experience?

If you did not use any services or receive additional support during the last lockdown period, please explain why:

I was unable to get the additional support I needed

I did not know support was available

I did not need additional support

Other (please specify):

### Support during the second lockdown

Do you think you will need additional support for any health or social care needs during the second lockdown?

Yes

No

Don't know

If you think you will need additional support, what kind of additional support do you think you will need during the second lockdown?

Mental health support

Help managing a long-term medical condition



- Picking up prescriptions
- Help at home or domiciliary care
- Support to care for a dependent person or loved one
- Home adaptations
- Befriending services or someone to talk to
- Housing and homelessness advice
- Benefits or financial advice
- Support with food shopping
- Other practical support such as bin collections, pet walking
- Other (please specify):

How confident do you feel about accessing support for services you have mentioned?

- Confident
- Not very confident
- Not confident
- Don't know

Do you have any concerns about getting support from health and social care services as we go into a second lockdown?

- Yes
- No
- Don't know

If yes, what are your concerns?

If you do have concerns, who do you feel can help with your concerns? E.g. local council, GP Surgery, National Government, charities etc.





## Information about lockdown

How clear do you feel the communication around the latest lockdown has been?

Clear

Neither clear nor unclear

Unclear

Don't know

What additional information do you think needs communicating to the public?

## About you

How old are you?

Under 16

16 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

76 - 85

86+

I'd rather not say

Who is your local council?

Breckland District Council

Broadland District Council

Great Yarmouth Borough Council

King's Lynn and West Norfolk Borough Council



North Norfolk District Council

Norwich City Council

South Norfolk District Council

I don't know

I'd rather not say

Do you consider yourself to have a disability?

Yes

No

I'd rather not say

We also produce quarterly newsletters about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email here:

